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David R. Preston & Associates, A.P.C.
12625 High Bluff Drive
Suite 205
San Diego, California 92130

David R. Preston
M. Reza Savari
Raymond Wagenknecht

† Of Counsel

FAX

TO: Commissioner For Patents
FAX: 703-872-9306
FROM: David R. Preston
DAVID R. PRESTON & ASSOCIATES, A.P.C.
PHONE: 858-724-0375 x102
DATE: June 29, 2005
PAGES: 11 including cover

RE: US Application No. 10/679,645
Inventor: Praful Doshi
Art Unit: 2873
Examiner: Scott Sugarman

Dear Sir:

Please enter the attached Information Disclosure Statement.

Sincerely,



David R. Preston
Reg. No. 38,710

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JUN 30 2005

CONFIDENTIAL

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David R. Preston & Associates, A.P.C.

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PTO/SB/21 (09-04)


Approved for use through 07/31/2008. OMB 0651-0031

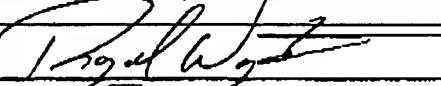
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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| | | |
|---|------------------------|--------------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/679,645 |
| | Filing Date | October 6, 2003 |
| | First Named Inventor | Pratul Doshi |
| | Art Unit | 2873 |
| | Examiner Name | Scott Sugerman |
| | Attorney Docket Number | PD-00100.P.1.1.1.1 |
| Total Number of Pages in This Submission | 5 | |

| ENCLOSURES (Check all that apply) | | |
|--|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks 1. Form 1449 2. References cited on Form 1449 | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|---|----------|--------|
| Firm Name | David R Preston & Associates, APC | | |
| Signature |  | | |
| Printed name | David R Preston | | |
| Date | 6-29-05 | Reg. No. | 38,710 |

| CERTIFICATE OF TRANSMISSION/MAILING | | | |
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| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. | | | |
| Signature |  | | |
| Typed or printed name | RAYMOND WAGENKNECHT | Date | 6/29/05 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/21 (09-04)

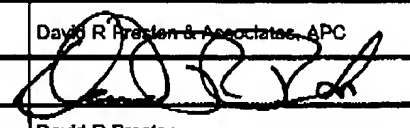
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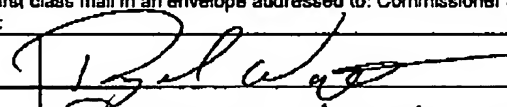
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| Remarks 1. Form 1449 2. References cited on Form 1449 | | |

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|--|---|-----------------|
| Firm Name | David R Preston & Associates, APC | |
| Signature |  | |
| Printed name | David R Preston | |
| Date | 6-29-05 | Reg. No. 38,710 |

| CERTIFICATE OF TRANSMISSION/MAILING | | |
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| Signature |  | |
| Typed or printed name | RAYMOND WAGONER | Date 6/29/05 |

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JUN 29 2005

PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0551-0032
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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4918).**FEE TRANSMITTAL**
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 180.00**Complete if Known**

| | |
|----------------------|--------------------|
| Application Number | 10/679,645 |
| Filing Date | October 6, 2003 |
| First Named Inventor | Praful Doshi |
| Examiner Name | Scott Sugarman |
| Art Unit | 2873 |
| Attorney Docket No. | PD-00100.P.1.1.1.1 |

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 501321 Deposit Account Name: David R Preston

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES**Fee Description**

| | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues) | 50 | 25 |
| Each independent claim over 3 (including Reissues) | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

| | | | |
|---------------------|---------------------|-----------------|----------------------|
| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|---------------------|---------------------|-----------------|----------------------|

- 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

| | | | |
|----------------------|---------------------|-----------------|----------------------|
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|----------------------|---------------------|-----------------|----------------------|

- 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| | | | | |
|---------------------|---------------------|---|-----------------|----------------------|
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|---------------------|---------------------|---|-----------------|----------------------|

- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Information Disclosure Statement

Fees Paid (\$)

180.00

SUBMITTED BYSignature Registration No. 38,710
(Attorney/Agent)

Telephone 858-724-0375

Name (Print/Type) David R Preston

Date 6-29-05

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0851-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 180.00

Complete if Known

| | |
|----------------------|--------------------|
| Application Number | 10/679,645 |
| Filing Date | October 6, 2003 |
| First Named Inventor | Praful Doshi |
| Examiner Name | Scott Sugarman |
| Art Unit | 2873 |
| Attorney Docket No. | PD-00100.P.1.1.1.1 |

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
- ☒ Deposit Account Deposit Account Number: 501321 Deposit Account Name: David R Preston
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

| Fee (\$) | Small Entity Fee (\$) |
|----------|-----------------------|
| 50 | 25 |

Each independent claim over 3 (including Reissues)

| | |
|-----|-----|
| 200 | 100 |
|-----|-----|

Multiple dependent claims

| | |
|-----|-----|
| 360 | 180 |
|-----|-----|

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|----------|---------------|
|--------------|--------------|----------|---------------|

| | | | |
|--------------|--|---|---|
| - 20 or HP = | | x | = |
|--------------|--|---|---|

HP = highest number of total claims paid for, if greater than 20.

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|---------------|--------------|----------|---------------|
|---------------|--------------|----------|---------------|

| | | | |
|-------------|--|---|---|
| - 3 or HP = | | x | = |
|-------------|--|---|---|

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| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
|--------------|--------------|--|----------|---------------|

| | | | | |
|---------|--|--------|--------------------------------|---|
| - 100 = | | / 50 = | (round up to a whole number) x | = |
|---------|--|--------|--------------------------------|---|

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): Information Disclosure Statement

180.00

SUBMITTED BY

| | | |
|-----------------------------------|--|------------------------|
| Signature | Registration No. (Attorney/Agent) 38,710 | Telephone 858-724-0375 |
| Name (Print/Type) David R Preston | | Date 6-29-05 |

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Patent

Docket Number: PD-00100.P.1.1.1.1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Doshi

Examiner: Scott J. Sugarman

Application No.: 10/679,645

Art Unit: 2873

Filed: October 6, 2003

For: TINTED LENSES AND
METHODS OF MANUFACTURECommissioner for Patents
PO Box 1450
Alexandria, VA 22313

Sir:

INFORMATION DISCLOSURE STATEMENT

Applicant respectfully submits this information disclosure statement (IDS) for the above referenced U.S. Patent Application. This statement is filed after the First Office Action on the merits. Applicant includes a fee of \$180.00 herewith.

Applicant notes that claims have recently been allowed in proceedings before the European Patent Office (EPO). During those proceedings, the declaration referred to on the attached Form 1449 and provided herewith was provided.

Please apply any charges not covered, or any credits, to **Deposit Account 501321** in the name of **David R. Preston & Associates** having **Customer Number 24232**.

Respectfully submitted,

Date:

June 29, 2005



David R. Preston
Reg. No. 38,710

David R. Preston & Associates
12625 High Bluff Drive
Suite 204
San Diego, CA 92130

phone: 858.724.0375
facsimile: 858.724.0384

| | | |
|---|--------------------------------------|-----------------------------------|
| INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use several sheets if necessary) | Docket Number: PD-00100.P.1.1.1.1 | Application Number: 10/679,645 |
| | Applicant: DOSHI, Praful | |
| | Filing Date: October 6, 2003 | Group Art Unit: 2873 |

| OTHER DOCUMENTS (Including Author, Title, Date, Pertinent Pages, Etc.) | | |
|--|----|------------------------------|
| EXAMINER INITIALS | | CITATION |
| | D1 | Declaration of John M. Evans |
| | D2 | |
| | D3 | |

| | | | |
|-----------------------|--|--------------------|--|
| Examiner Signature | | Date Considered | |
|-----------------------|--|--------------------|--|